



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2320

<b>SERIAL NUMBER</b> 10/734,701	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 279.302US2
<b>APPLICANTS</b> William R. Mass, Maple Grove, MN; ^ Jeffrey A. Von Arx, Minneapolis, MN;				
<b>** CONTINUING DATA *****</b> ^ This application is a DIV of 09/761,974 01/16/2001 PAT 6,675,045				
<b>** FOREIGN APPLICATIONS *****</b> ^				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/19/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 21186				
<b>TITLE</b> Split-can dipole antenna for an implantable medical device				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	